

CIVIL AIR PATROL  
Headquarters  
Middle East Region  
Springfield VA 22152-1407

MER Supplement 1  
CAPR 52-16  
1 October 1999

### **Cadet Programs**

#### **CADET PROGRAM MANAGEMENT**

CAPR 52-16, 31 December 1998, is supplemented as follows:

**1-4a.** Added. Cadets planning to participate in a CAP sponsored activity must furnish their escort a Parental Consent Form signed by at least one parent or guardian authorizing their participation in the activity (see Attachment 1). If a CAPF 31 is used for the activity, the permission slip need not be used.

**3-2b.** Added. The Middle East Region Cadet Advisory Council will have the Standard Operating Procedure and Supplements available for each representative and will adhere to same.

**3-5.** Added. The Chair of the MER Cadet Advisory Council and the MER representative to the National Cadet Advisory Council may wear the "Middle East" arc in place of their authorized wing patch when representing MER. The Cadet Advisory Council representative to the MER Council may wear the blue shoulder cord when representing their wing and the Chair for the MER CAC and the MER Representative may wear the National CAC shoulder cord when representing MER.

  
AMANDA B. ANDERSON, Lt Col, CAP  
Director of Administration

GENE D. HARTMAN, Col, CAP  
Commander

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Supersedes MER Supplement 1, 1 Jan 1997

OPR: CP

Distribution: Each MER Wing (2), National Headquarters/MSA (1)

CIVIL AIR PATROL  
PARENTAL CONSENT FORM

I hereby give permission for my child \_\_\_\_\_  
to participate in the following activity:

Activity Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of accident or illness, I hereby give my permission for the above named cadet to be treated at any recognized medical facility or by any legally qualified physician, or practitioner, and accept financial responsibility for any expense not covered by CAP or FECA benefits. Civil Air Patrol personnel are authorized to take appropriate actions to insure that my child receives appropriate medical treatment.

If necessary, I may be contacted at:

\_\_\_\_\_  
Address Home Phone \_\_\_\_\_ Include  
Area Code

\_\_\_\_\_  
City, State, Zip Code Work Phone \_\_\_\_\_  
Include Area Code

\_\_\_\_\_  
Typed or Printed Name of Parent or Guardian Signature

(This form may be reproduced locally)